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Title: The Islamic Perspective on the Effect of Religiosity, Anxiety and Belief regarding COVID-19 on Undisclosed Status of COVID-19 in the Muslim Youth

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The Islamic Perspective on the Effect of Religiosity, Anxiety and Belief regarding COVID-19 on Undisclosed Status of COVID-19 in the Muslim Youth

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Abstract

Many people who suffered from COVID-19 symptoms have been diagnosed as positive for COVID-19. However, most of them did not want to reveal their COVID-19 status. The purpose of this study is to investigate the effect of religiosity, anxiety, and COVID-19 belief on the undeclared status of COVID-19 in Muslim youth. This study uses a cross-sectional design; researchers will conduct research on Muslim youth in North Sumatra Province, with the main criteria suspecting COVID-19. Researchers will provide informed consent to Muslim youth parents (in case there are Muslim youths aged 16-17 years) for seeking formal permission to participate in this research process. In this study, data was analyzed using chi-square and logistic regression with 95% confidence intervals. This research was conducted on 826 Muslim youth who are willing to be respondents and suspect COVID-19 with symptom or had a contact with the closest family member who is diagnosed positive for COVID-19. There was no influence between social economics in COVID-19 ($p=0.709$; 95% CI), religiosity ($p=0.88$; 95% CI), anxiety ($p=0.147$; 95% CI) on undisclosed status of COVID-19. The results of this study indicate that youth who do not believe in COVID-19 have 2,351 risk (1.27-432; 95% CI) on undisclosed status of COVID-19 compared to youth who believe in COVID-19 experience on undisclosed status of COVID-19. To reduce the risk of COVID-19 transmission caused by Undisclosed Status COVID-19, the Indonesian government must increase Muslim youth confidence in COVID-19.

Keywords: Anxiety, Belief of COVID-19, Islamic Perspective, Muslim Youth, Religiosity, Undisclosed Status.

Introduction

The COVID-19 pandemic continues to be a global health hazard and requires comprehensive control to prevent transmission.¹ Furthermore, the natural history of this disease shows that it is

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¹Zu et al., “Coronavirus Disease 2019 (COVID-19): A Perspective from China,” *Radiology*, 296 (2), (2020): E15-E25. <https://doi.org/10.1148/radiol.2020200490>; WHO, “Coronavirus Disease 2019 (COVID-19) Situation Report-68.”

originated from an animal and was transmitted to humans², therefore, it is a zoonotic disease. Recently, it was discovered that COVID-19 could also be transmitted from human-to-human (exponential), as reports showed the spread of cases.³ Meanwhile, high human mobility and significant growth of the population have exacerbated the spread of these cases.⁴

High population growth in Indonesia⁵ and large varied geographical conditions have prompted migration and interaction in communities. Therefore, as of April 30, 2020, the number of confirmed COVID-19 cases in 34 provinces in the country was 10,118, with 792 deaths.⁶ This large number of cases was due to geographical and social conditions, and it enacted COVID-19 control to involve a social religious approach. Meanwhile, this religious approach was applied as one of the control programs for the disease, carried out by the Government.⁷

The entire process was made possible because religious communal activities were identified as being responsible for the disease's transmission pattern. As a result, these activities could play a significant role in educating Indonesians within specific religious groups.⁸ Several studies have found an association between religious activities and disease transmission. For example, it was discovered that Muslim pilgrims were responsible for spreading the disease during the Hajj and *Umrah*. Furthermore, as a result of these incidents, the Saudi Arabian government mandated that pilgrims obtain certain vaccines before performing their pilgrimage in the country.⁹

²Gao et al., "The Epidemiological Characteristics of 2019 Novel Coronavirus Diseases (COVID-19) in Jingmen, China," *Medicine* 99 (23) (2020): e20605, doi: 10.1097/MD.0000000000020605; Weiss and Murdoch, "Clinical Course and Mortality Risk of Severe COVID-19," *Lancet* 28, 395 (10229) (2020):1014-1015, doi: 10.1016/S0140-6736(20)30633-4.

³Gao et al., "The Epidemiological Characteristics of 2019 Novel Coronavirus Diseases (COVID-19) in Jingmen, China," *Medicine* 99 (23) (2020): e20605, doi: 10.1097/MD.0000000000020605; Weiss and Murdoch, "Clinical Course and Mortality Risk of Severe COVID-19," *Lancet* 28, 395 (10229) (2020):1014-1015, doi: 10.1016/S0140-6736(20)30633-4.

⁴Bi et al., "Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 Cases and 1,286 of Their Close Contacts," *MedRiv*, 2020. <https://doi.org/10.1101/2020.03.03.20028423>; Kucharski et al., "Early Dynamics of Transmission and Control of COVID-19: A Mathematical Modelling Study," *The Lancet: Infectious Diseases* 20, No. 5 (May 2020): 511-628, e79-e115, [https://doi.org/10.1016/S1473-3099\(20\)30144-4](https://doi.org/10.1016/S1473-3099(20)30144-4); Tian et al., "Characteristics of COVID-19 Infection in Beijing," *Journal of Infection* 80, 4 (2020): 401-406. <https://doi.org/10.1016/j.jinf.2020.02.018>.

⁵McDonald, "The Demography of Indonesia in Comparative Perspective," *Bulletin of Indonesian Economic Studies* 50, 1 (2014): 29-52, <https://doi.org/10.1080/00074918.2014.896236>.

⁶Indonesian COVID-19 Task Force, "Situation Report of COVID-19 in Indonesia."

⁷Ibid.

⁸Charzyńska, "Multidimensional Approach Toward Spiritual Coping: Construction and Validation of the Spiritual Coping Questionnaire (SCQ)," *Journal of Religion and Health* 54 (5), (2015): 1629-46, <https://doi.org/10.1007/s10943-014-9892-5>; Daniel E Hall, Keith J. Meador, Harold J. Koenig, "Measuring Religiousness in Health Research: Review and Critique," *Journal of Religion and Health* 47 (2), (2008): 134-63. <https://doi.org/10.1007/s10943-008-9165-2>.

⁹Qanta A. Ahmed, Yaseen M. Arabi, and Ziad A. Memish, "Health Risks at the Hajj," *Lancet* 25, 367 (9515), (2006): 1008-15. [https://doi.org/10.1016/S0140-6736\(06\)68429-8](https://doi.org/10.1016/S0140-6736(06)68429-8); Memish et al., "Emergence of Medicine for Mass Gatherings: Lessons from the Hajj," *The Lancet Infectious Diseases* 12 (1) (2012): 56-65 [https://doi.org/10.1016/S1473-3099\(11\)70337-1](https://doi.org/10.1016/S1473-3099(11)70337-1); Pane et al., "Indonesian Hajj Cohorts and Mortality in Saudi Arabia from 2004 to 2011," *Journal of*

A religious approach was also reported to be an effective method to promote behavioral change in several health issues such as HIV-AIDS,¹⁰ mental health,¹¹ and nutrition.¹² Therefore, this approach has been considered to be effective in increasing public knowledge and has been endorsed by religious leaders, with them acting as the central agents of change.¹³

The Indonesian government has been reported to use the religious management approach in reducing COVID-19 cases. This was because the number of cases multiplied due to crowded religious activities such as Friday prayers, Ramadan, *Eid al-Fitr*, and *Eid al-Adha*.¹⁴ Meanwhile, these activities are also related to the Muslim religious festivals, for example, the *Eid-al-Fitr*, where the society especially family members gather to celebrate homecoming and to mark the end of the Ramadan fast. During this time the government worked with the *ulama* council to regulate the pattern of worship activities. Consequently, appeals and *fatwas* by religious *ulama* were issued to the public to help break the chain of transmission of COVID-19. Additionally, regulations are constantly issued by the government regarding Muslims worshiping at home.¹⁵ However, the

Epidemiology and Global Health 9, no. 1 (2019): 11-18, <https://doi.org/10.2991/jegh.k.181231.001>.

¹⁰Cotton et al., “Spirituality and Religion in Patients with HIV/AIDS,” *Journal of General Internal Medicine*, Suppl 5 (2006): S5-13, <https://doi.org/10.1111/j.1525-1497.2006.00642.x>; Peter B Gray, “HIV and Islam: Is HIV Prevalence Lower among Muslims?,” *Soc Sci Med*. 58 (9) (2004):1751-6. doi: 10.1016/S0277-9536(03)00367-8; Bruce H. Noden, Aurelio Gomes, and Aldina Ferreira, “Influence of Religious Affiliation and Education on HIV Knowledge and HIV-Related Sexual Behaviors among Unmarried Youth in Rural Central Mozambique,” *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 22(10) (2010):1285-94, <https://doi.org/10.1080/09540121003692193>; Zou et al., “Religion and HIV in Tanzania: Influence of Religious Beliefs on HIV Stigma, Disclosure, and Treatment Attitudes,” *BMC Public Health* 9, 75 (2009), <https://doi.org/10.1186/1471-2458-9-75>.

¹¹Koenig, “Research on Religion, Spirituality, and Mental Health: A Review,” *Canadian Journal of Psychiatry* 54, No. 5 (2009): 283-91, <https://doi.org/10.1177/070674370905400502>; Alexander Moreira-Almeida, Francisco Lotufo Neto, and Harold J. Koenig, “Religiousness and Mental Health: A Review,” *Revista Brasileira de Psiquiatria* 28, (3), (2006): 242-50, <https://doi.org/10.1590/s1516-44462006005000006>.

¹²Angeliki Persynaki, Spyridon Karras, and Calude Pichard, “Unraveling the Metabolic Health Benefits of Fasting Related to Religious Beliefs: A Narrative Review,” *Nutrition* 35, (2017): 14-20 <https://doi.org/10.1016/j.nut.2016.10.005>; Trepanowski and Bloomer, “The Impact of Religious Fasting on Human Health,” *Nutrition Journal* 9, 57 (2010), <https://doi.org/10.1186/1475-2891-9-57>.

¹³Maricruz Rivera-Hernandez, “The Role of Religious Leaders in Health Promotion for Older Mexicans with Diabetes,” *Journal of Religious Health* 54 (1), (2015): 303-15; Natalie A. Cyphers, Andrea D. Clements, and Glenda Lindseth, “The Relationship Between Religiosity and Health-Promoting Behaviors in Pregnant Women,” *Western Journal of Nursing Research* 39, 11 (2017): 1429-1446, <https://doi.org/10.1177/0193945916679623>; Fauziah Nasution, Fitriani, Pramitha Gurning, Putra Apriadi Siregar, Abdillah Ahsan, Dian Kusuma, “Implementation of the Smoke-free Policy in Medan City, Indonesia: Compliance and Challenges,” *International Journal of Preventive Medicine* 13, no. 30 (2022): 1-6. https://doi.org/10.4103/ijppm.IJPPM_106_20; Nurhayati, “Exposure to Outdoor Tobacco Advertisements Near Home Is Associated with Smoking among Youth in Indonesia,” *The Asian Pacific Journal of Cancer Prevention (APJCP)* 23, no. 7 (2022): 2179-83, <https://doi.org/10.31557/APJCP.2022.23.7.2179>.

¹⁴ Ministry of Religious Affairs, Circular Letter of the Minister of Religious Affairs No. 6 of 2020 concerning Guidelines for Ramadan and Eid Al-Fitr 1441 H In the Midst of the COVID-19 Pandemic Outbreak.

¹⁵ Indonesian Muslim Council, Fatwa of the Indonesian Ulema Council No. 14 of 2020 DEPARTMENT OF ISLAMIC THOUGHT AND CIVILIZATION

management of the implementation of worship in the Muslim community is still seen as a separate issue from the transmission of the disease. This was due to the lack of information of the cause of the spread in the community; and improper understanding of how the practice of worship should be performed during the pandemic. The lack of coordination and common consensus between the religious heads and the local authorities in handling this disease has led to the different procedures in implementing religious activities of worship, that has neither helped to prevent nor reduce the COVID-19 transmission.

The Indonesian government has built a cross-sector of communication throughout the country in handling the pandemic. Moreover, their cooperation with Islamic organizations in the country strengthens the regulations they have established. This is because these organizations play a vital role in implementing and evaluating strategic management methods for reducing COVID-19 cases.¹⁶ The government and Islamic organizations regularize activities related to the implementation of worship during the pandemic. However, several problems related to the perception of some Muslims regarding worship rituals during the Covid-19 pandemic are a challenge in preventing the transmission of Covid-19. These issues evolved as a result of the societal developments that led to the current predicament.

Amidst the COVID-19 pandemic in the country, there are few issues that are linked to religious values and patterns of community behavior that increased the risk of the transmission and spread of the disease. One of the main issues is misguided information circulating among the Muslim community on the implementation of religious worship, especially in Islamic worship (the majority of Indonesia's population is Muslim).¹⁷ This has posed conflicting measures in eradicating the pandemic among the people. The Muslims' perceptions in handling worship activities, migration of people in the context of the feast, and burial procedures of COVID-19 victims are often contradictory with the standard COVID-19 control strategy. Therefore, this research aimed to investigate certain issues like Effect of Religiosity, Anxiety and Belief of COVID-19 on Undisclosed Status COVID-19 in Youth Muslim. Disclosure of COVID-19 cases in suspected and diagnosed COVID-19 patients' is a preventive measure and is part of protecting lives (*hifz-nafs*).

2. Methodology

2.1. Study Design and Administration

This study uses a cross-sectional design; researchers will conduct research on Muslim youth in North Sumatra Province, with the main criteria suspecting COVID-19.

2.2. Participants

Muslim Individuals who are residents of North Sumatera Province, Indonesia and age ranging between 16 to 29 are eligible to participate in this research. Researchers will provide informed consent to Muslim youth parents (in case there are Muslim youths participants that age between 16-17 years) for seeking formal permission-to participate in this research process. This research was conducted on 826 Muslim youth who are willing to be respondents and suspect COVID-19 with symptom or had a contact with the closest family member who is diagnosed positive for COVID-

concerning the Implementation of Worship in the Situation of a COVID-19 Outbreak [Fatwa Majelis Ulama Indonesia No 14 Tahun 2020 tentang Penyelenggaraan Ibadah Dalam Situasi Terjadi Wabah COVID-19].

¹⁶Wesley J Wildman, Joseph Bulbulia, Richard Sosis, and Uffe Schjoedt, "Religion and the COVID-19 Pandemic," *Religion, Brain and Behavior* 10, no. 2 (April 2020): 115–17. <https://doi.org/10.1080/2153599X.2020.1749339>.

¹⁷Nurhayati, "Funeral Processes During the COVID-19 Pandemic: Perceptions Among Islamic Religious Leaders in Indonesia," *Journal of Religion and Health* 60, no. 1 (2021): 3418-33. <https://doi.org/https://doi.org/10.1007/s10943-021-01418-z>.

19. This research was conducted on Muslim youth who suffered from COVID-19 as 87,8% (n=725) or families who have suffered from COVID-19 as 57% (n=471). All participants were currently in community college or university.

2.3. Measures

Religiosity: Four items were used to assess religiosity which is defined by this study as an individual's devotion and related religious behavior.¹⁸ The first question asked participants "How important is religion to you?" Response options for this item ranged from 1 (not at all important) to 5 (extremely important). Researchers use the concept of religiosity from the study of Roberts which is modified with worship, topics, and ideologies in Muslims. The remaining three questions asked participants how often they "attend mosque" "engage in private prayer," and "read the Qur'an." Response options for these three items ranged from 0 (never) to 7 (daily). Because the four items differed regarding response options, each item was transformed into a z-score and these were averaged to get an overall religiosity score. Cronbach alpha was .90, with higher scores indicating greater religiosity.

Anxiety: Used to assess anxiety as a psychological approach, namely specifically the individual's ability to accept a stressor psychologically. A questionnaire measuring instrument used to assess anxiety, namely *the Depression Anxiety and Stress Scale (DASS-21)* by providing twenty-one statements further consisting each of seven sub-statements to assess depression, anxiety and stress. Each question is given a score of 0 to 3, then the scores in each category are added up and interpreted as normal, mild, moderate, severe and very severe.

Belief of COVID-19: The belief of COVID-19 can be seen by asking questions regarding whether they believe that "COVID-19 exists," "COVID-19 is an infectious disease," and "COVID-19 disease is a dangerous disease." Each question is given an answer option with a weightage value of 1 for believe and 0 for does not believe.

Undisclosed status: the use of undisclosed status can be seen from the statement of the respondent's willingness to disclose their status with COVID-19 symptoms; and the status of those who have been in contact with the environment with a history of COVID-19 in the last two weeks (i.e. patients among family, friends and college friends) to the people around them.

3. Data Analysis

This study will also show cross-tabulation data between COVID-19 anxiety, religiosity, and beliefs and its undisclosed status. Multiple logistic regression analyses will be used in this study. First, we calculated the mean and SD of the variables. Next, we performed statistical hypothesis testing analyses, in all cases adopting two-tailed $p < 0.05$ as significance threshold with chi squared and multiple regression analysis with IBM SPSS 20.

¹⁸Mohamad Iqbal Nurmansyah, Sarah Handayani, Deni Wahyudi Kurniawan, Emma Rachmawati, Hidayati, Ahmad Muttaqin Alim Nurmansyah, "Congregational Worshiping and Implementation of the COVID-19 Preventive Behavioral Measures During the Re-opening Phase of Worship Places Among Indonesian Muslims," *Journal of Religious Health* 61, 5 (2022): 4169-4188, doi: 10.1007/s10943-022-01593-7; Muhammad Syukri Albani Nasution, et.al., "Hifz Al-Din (Maintaining Religion) and Hifz Al-Ummah (Developing National Integration): Resistance of Muslim Youth to Non-Muslim Leader Candidates in Election," *HTS Theological Studies*, 78 (4), (2022): 1-9. <https://dx.doi.org/10.4102/hts.v78i4.7526>

4. Results and Discussion

Table 1. Correlation Social economic, education in Islamic school, religiosity, anxiety and belief on COVID-19 with Undisclosed Status COVID-19

Variable (n= 826)	Undisclosed Status COVID-19				P value*	OR
	Yes (n=347)		No (n=479)			
	n	%	n	%		
Social economic in COVID-19						
Low Economy	102	12,3	138	16,7	0,855	1,029
High Economy	245	29,7	341	70,9		(0,759-1,394)
Education in Islamic School						
Never	117	14,2	192	23,2	0,042	0,765
Ever	230	27,8	287	34,7		(0,57-1,02)
Religiosity						
Low	166	20,1	229	27,7	0,993	1,001
High	181	21,9	250	30,3		(0,759-1,320)
Anxiety						
Normal	171	20,7	251	30,4	0,250	-
Moderate	69	8,4	105	12,7		
Severe	107	42	123	14,9		
Belief on COVID-19						
Not believe	29	3,5	18	2,2	0,005	2,336
Believe	318	38,5	461	55,8		(1,275-4,32)

*Confidence Interval 95%

This study indicates that there is an influence of education ($p=0.05$; 95% CI) in Islamic schools on the undisclosed status of COVID-19. There is an influence between Belief on COVID-19 ($p=0.006$; 95% CI) on the undisclosed status of COVID-19. There was no influence between social economics in COVID-19 ($p=0.709$; 95% CI), religiosity ($p=0.88$; 95% CI), anxiety ($p=0.147$; 95% CI) on undisclosed status of COVID-19. The results of this study indicate that youth who do not believe in COVID-19 have 2,351 risk (1.27-432; 95% CI) on undisclosed status of COVID-19 compared to youth who believe in COVID-19 experience on undisclosed status of COVID-19.

4.1 The COVID-19 Diagnosis and Reasons for Undisclosed Status

There are rumors circulating in the public about patients who lied or covered up their actual clinical symptoms, which could have a fatal impact on Indonesia's health care system. Furthermore,

patients with COVID-19 symptoms who do not explain their travel history to the virus's red zone or epicenters in the country are likely to be misdiagnosed.¹⁹ When a person exhibits symptoms and travels to an area plagued by the epidemic, the Ministry of Health classifies that person as a suspected COVID-19 victim.²⁰ Thus, without further examination, the clinical symptoms of a victim who has no history of travel to the red zone area are insufficient to classify that person as a suspected COVID-19 victim.

There would be a severe impact on the health services in cases where victims provide incomplete information about their travel history and clinical symptoms to hospital medical personnel.²¹ The Indonesian government stipulates that those that have a history of contact with suspected victims are required to carry out independent quarantine during the virus incubation period of 14 days.²² Similarly, all medical personnel caring for the patients are also required to carry out an independent quarantine for the same period. Thus, these medical staff cannot provide health services to other types of patients. This is especially true of hospitals with a limited number of medical personnel, and this condition may create an unoptimized health service system.

Many Muslim youths who lack confidence in the existence of COVID-19 have been found to conceal their COVID-19 status, whereas Muslim youths who believe in COVID-19 are more likely to reveal their COVID-19 status. The results of this study indicate that youth who do not believe COVID-19 have 2,351 risk (1.27-432; 95% CI) on undisclosed status of COVID-19 compared to youth who believe in COVID-19 on undisclosed status of COVID-19. For example, it was reported in the news that COVID-19 patients were treated unsupportively.²³ Cases such as these often occur among patients with infectious diseases and they may cause negative stigma and discrimination against the victims.²⁴ In some cases such as HIV-AIDS, Leprosy, Tuberculosis, and more related cases, patients received discriminatory treatment from the community. This in turn may cause anxiety and fear amongst them to reveal their exact health conditions or supporting information when being diagnosed.²⁵ Consequently, this unilateral fear has caused the wider community not to reveal the truth, however, the tendency to lie is seen as a contradiction to the value of the Islamic

¹⁹ Ministry of Health of Republic of Indonesia, "Coronavirus Disease (COVID-19) Control 4th Revision [Pengendalian Coronavirus Disease (COVID-19) Revisi Ke-4]."

²⁰Ministry of Health of Republic of Indonesia.

²¹Jin-Won Noh et al., "Effect of Information Disclosure Policy on Control of Infectious Disease: MERS-CoV Outbreak in South Korea," *International Journal of Environmental Research and Public Health* 17, 1 (2020): 305.

²²Ministry of Health of Republic of Indonesia, "Coronavirus Disease (COVID-19) Control 4th Revision [Pengendalian Coronavirus Disease (COVID-19) Revisi Ke-4]."

²³ Dezellynda, "Sad Confessions of Corona Positive Patients In Depok: I Am Depressed [Pengakuan Pilu Pasien Positif Corona Di Depok: Saya Tertekan]."

²⁴Bisola Ojikutu et al., "Community Cultural Norms, Stigma and Disclosure to Sexual Partners among Women Living with HIV in Thailand, Brazil and Zambia (HPTN 063)," *PLoS ONE* 11(5), (2016): e0153600. <https://doi.org/10.1371/journal.pone.0153600>; R. A. Ostrom, J. M. Serovich, J. Y. Lim, T. L. Mason, "The Role of Stigma in Reasons for HIV Disclosure and Non-Disclosure to Children," *Aids Care* 18, 1 (2006): 60-5, doi: 10.1080/09540120500161769; Bridget Dibb, "Assessing Stigma, Disclosure Regret and Posttraumatic Growth in People Living with HIV," *Aids Behav.* 22, 12 (2018): 3916-3923, doi: 10.1007/s10461-018-2230-2.

²⁵Andrew Courtwright, and Abigail Norris Turner, "Tuberculosis and Stigmatization: Pathways and Interventions," *Public Health Rep.* (Suppl 4), (2010): 34-42, doi: 10.1177/00333549101250S407; Micheal Evangelis and Abigail L. Wroe, "HIV Disclosure Anxiety: A Systematic Review and Theoretical Synthesis," *Aids Behav.*, 21(1), (2017):1-11, doi: 10.1007/s10461-016-1453-3.

religion.

Transmission of COVID-19 occurs by droplets from an infected to a healthy person.²⁶ Besides, contact with contaminated objects by the virus is also one of the ways the disease could spread quickly.²⁷ Moreover, the ability of this virus to survive on inanimate objects raised grave concern regarding the risk of transmission without coming in contact with the infected person or group. In addition to this, it was also mentioned, based on the results of studies, that humans could also be infected without showing clinical symptoms; and this could worsen the pandemic not only in Indonesia but throughout the world.²⁸

4.2. Undisclosed COVID-19 Status in Islamic Perspective

One of the reason for the virus spread in Indonesia is through worship activities by mass gatherings as research have shown that ~~large~~ mass gatherings in a particular area or place have triggered the faster spread of the virus.²⁹ Therefore, the Muslim habit of worshiping together in the mosque, performing *Umrah*, and ~~direct~~ other social contact with fellow Muslims are being considered by the Indonesian *Ulama* Council as the primary source of virus transmission ~~of the virus~~. Thus, they have come to an agreement to issue a *fatwa* that will enable the Muslim men to worship at home. This *fatwa* is also emphasized by the government to allow study, work, and worship from home, due to the high risk of transmission that occurs when there is direct contact between people.³⁰

There are a number of cases found among Muslim communities where there are people who still perform their prayers in the mosque irrespective of *ulama*'s recommendations and the fact that *fatwas* have been firmly issued to worship at home.³¹ The effect of this was the discovery of confirmed cases of COVID-19 in such congregation, and this caused the remaining worshippers to be isolated inside the mosque. Several research have indicated that mass gathering activities both religious and non-religious have an impact on the high spread of the disease.³² Therefore, restrictions on religious activities such as mass gathering were imposed in order to break the chain of transmission in the country.

The undisclosed status of COVID-19 is a lie that harms people around us. People who do not

²⁶WHO, "Q & A on Coronaviruses (COVID-19)."

²⁷G. Kampf, D. Todt, S. Pfaender, E. Steinmann, "Persistence of Coronaviruses on Inanimate Surfaces and Their Inactivation with Biocidal Agents," *Journal of Hospital Infection* 104 (3), (2020): 246-251, doi: 10.1016/j.jhin.2020.01.022.

²⁸Yan Bai et al., "Presumed Asymptomatic Carrier Transmission of COVID-19," *JAMA* 14, 323(14), (2020): 1406-1407, doi: 10.1001/jama.2020.2565; Gao et al., "The Epidemiological Characteristics of 2019 Novel Coronavirus Diseases (COVID-19) in Jingmen, China," *Medicine* 99 (23) (2020):e20605, doi: 10.1097/MD.00000000000020605; Bi et al., "Epidemiology and Transmission of COVID-19 in Shenzhen China: Analysis of 391 Cases and 1,286 of Their Close Contacts," *MedRxiv*, 2020. <https://doi.org/10.1101/2020.03.03.20028423>.

²⁹WHO, "Coronavirus Disease 2019 (COVID-19) Situation Report-68."

³⁰Indonesian COVID-19 Task Force, "Situation Report of COVID-19 in Indonesia."

³¹Kompas.com, "These Mosques Still Hold Congregational Friday Prayers [Pandemi Covid-19, Masjid-Masjid Ini Tetap Gelar Shalat Jumat Berjamaah]."

³²Shahul H. Ebrahim, and Ziad A. Memish, "COVID-19 – the Role of Mass Gatherings," *Travel Med Infect Dis.*, 34 (2020):101617, doi: 10.1016/j.tmaid.2020.101617; Memish et al., "Hajj: Infectious Disease Surveillance and Control," *Lancet* 383 (9934), (2014): 2073-2082, doi: 10.1016/S0140-6736(14)60381-0; Pane et al., "Indonesian Hajj Cohorts and Mortality in Saudi Arabia from 2004 to 2011," *Journal of Epidemiology and Global Health* 9, no. 1 (2019): 11-18, <https://doi.org/10.2991/jegh.k.181231.001>

want to reveal their status with COVID-19 symptoms or do not disclose having contact with COVID-19 sufferers for the last two weeks is a lie by sin of omission that further contributes in transmitting COVID-19 disease. Lying (*al-kidzb*) is related to both words and actions that are against the teaching of morality and ethics in Islam.³³ In the Qur'ān, there are three *lafadz*, which have the same meaning as *al-kidzb*, namely, *al-iftik*, *al-iftira'*, and *al-buhtan*. *Al-Kidzb* means providing information inconsistent with facts, whether intentionally or unintentionally.³⁴ It is a lie in the form of words or utterances, including actions and beliefs, while *Lafadz al-iftik* means deliberately committing lies (*tafiku*), and a serious lie (*al-afkah*). With its various derivations, this word is found 30 times in the Qur'ān.³⁵ The word *al-iftik* is identical to the term "hoax," which is often used for spreading fake news intentionally because it has a specific purpose. Meanwhile, the word *al-iftira'* is mentioned 60 times in the Qur'ān, which means "big lie" and it refers to words and deeds that do not want to be expressed according to the facts.³⁶

According to this study, many Muslim youths with low religiosity still have unreported COVID-19. Muslim youth with a high level of religiosity are more likely to reveal their COVID-19 status than Muslim youth who do not want to reveal their COVID-19 status. Many Muslim youths continue to conceal their COVID-19 status for fear of being barred from participating in various activities, such as going to work, or of being prohibited from worshiping at the mosque. Many Muslim youths still regard the rules prohibiting COVID-19 sufferers from engaging in crowd activities as a lie and attempting to distance themselves from God. Numerous religious youths also understand that COVID-19 transmission cannot occur in mosques or while worshipping in mosques, which relieves them of the obligation to disclose their COVID-19 status to those around them, particularly when worshipping in mosques, such as during *Ramadan* prayers.

Muslims need to be cautious because, during the congregational prayers in the mosque, for example, there is no guarantee that one would not be infected as there may be people that have no symptoms of COVID-19 at all.³⁷ Praying in the mosque is *sunnah* (meritorious when performed and not sinful when abandoned), however, it is not valid unless performed by at least two people. According to Islam, praying in the mosque could be exempted for fear of the danger that may threaten lives and property, the traveler, someone that has fallen asleep, during a storm, and illness. Therefore, praying at home is more important to avoid the spread of this contagious virus. Thus, laws would be enforced at congregational prayers based on the number of cases and conditions on how the COVID-19 spreads in the area. This is in line with the principles of *fiqhiyah*, "Must not endanger yourself and endanger others"³⁸ and "rejecting interpretations take precedence over seeking benefit."³⁹ The failure to perform the congregational prayers at the mosque due to COVID-

³³LIU, "The Coordination Function of Islamic Ethics in Transforming Islamic Societies," *Journal of Middle Eastern and Islamic Studies (in Asia)*, 5: 3, (2011): 17-36, doi: 10.1080/19370679.2011.12023183; Mohammed Ali l-Bar, Hassan Chamsi-Pasha, *The Sources of Common Principles of Morality and Ethics in Islam* (Springer Open, 2015).

³⁴Muhammad Ibrāhīm al-Faiyūmī, *Tārīh Al-Falsafa Al-Islāmīya Fi'l-Mašriq* (Bayrūt: Dār al-Āfāq al-Čadīda, 1999).

³⁵Al-Damaghani, *Qamūs Al-Qur'ān Aw Ishlah: Al-Wujuh Wa Al-Nazhāir Fi Al-Qur'ān Al-Karīm* (Beirut-Lubnan: Dar al-'Ilmi li al-Malayin, 1983).

³⁶Abu al-Baqā Al-Kafumy, *Kitab Al-Kulliyat; Mu'jam Fi Al-Mushthalahat Wa Al-Furuq Al-Lughawiyah* (Beirut-Lubnan: Darul Kutub Ilmiyah, 1998).

³⁷ Indonesian Muslim Council, "MUI Fatwa No. 14 of 2020 Concerning the Implementation of Worship in the Situation of a COVID-19 Outbreak [Fatwa MUI No 14 Tahun 2020 Tentang Penyelenggaran Ibadah Dalam Situasi Terjadi Wabah COVID-19]."

³⁸ Bahdar, "Zunnun Al-Mishri (Biography and Concept of Ma'rifah)."

³⁹ Nasution, "Hifz Al-Din (Maintaining Religion) and Hifz Al-Ummah (Developing National DEPARTMENT OF ISLAMIC THOUGHT AND CIVILIZATION

19 outbreak is a *dharuriyat* (primary) case. This *dharuriyat* is a basic need that involves realizing and protecting the existence of five main aspects of Islam, namely religion, soul, mind, descent, and property.⁴⁰ Therefore, when the obligation of worshiping together in mosques is still carried out, especially in areas that have a high potential for transmission of the disease, it could lead to an uncontrollable spread.

A person that lies whether intentionally or unintentionally is considered sinful as this is explained in Quran “And do not say against what your tongues say is a lie. It is unlawful and forbidden (haram), to invent lies against God. Surely those that engage in this event would not prosper”. (*Surah an-Nahl* [16]: 116)

Lying cause mutual distrust, making people anxious, and hate each other, thus it is damaging and dangerous for relationships between people.⁴¹ Therefore Islam forbids the act and considers it a grave sin.” (*Surah al-Mu'min* [40]: 28).

Consequently, all aforementioned commands in Quran forbids lying either by hiding the infectious disease one suffers from, such as COVID-19 which is contagious and deadly for others.⁴² Furthermore, covering up the symptoms from other people or the doctor is an action that would endanger the lives of others. In the review of *maqāsid al-sharī'ah* (the purpose of law enforcement), endangering or eliminating others' lives is against one of the five main aspects that need to be guarded (*al-dharuriyat al-khamsah*). They include protection of religion (*hifzh al-dīn*), soul (*hifzh al-nafs*), reason (*hifzh al-'aql*), descendants (*hifzh al-nasl*), and property (*hifzh al-mal*).⁴³ *Al-dharuriyat al-khamsah* is the maintenance of needs that are essential for human life. Moreover, not maintaining these needs would have negative and fatal consequences on human survival.

5. Conclusion

Increasing youth confidence in COVID-19 will have an effect on the virus's unknown status. The government, through the ministry of health and Islamic religious leaders, must be more aggressive in increasing youth confidence in COVID-19 by providing information about the importance of preventing COVID-19, the transmission of COVID-19, which is still prevalent in Indonesia, can be halted, among other ways, by declaring the status of COVID-19 to locals.

Notes:

Researchers ask prospective respondents to participate in research activities; researchers will also keep the identity of respondents' secret. Researchers open announcements for prospective respondents to participate in this study through several social media such as Instagram, Facebook and WhatsApp groups, then prospective respondents who are willing and in accordance with the

Integration): Resistance of Muslim Youth to Non-Muslim Leader Candidates in Election.” HTS Theological Studies, 78 (4), (2022): 1-9. <https://dx.doi.org/10.4102/hts.v78i4.7526>.

⁴⁰Syatibi, *Al-Muawafaqat Fi Ushul Al-Ahkam* (Beirut-Lubnan: Dar al-Kutub al-'Ilmiyyah, 1990).

⁴¹Al-Bar et al., “The Sources of Common Principles of Morality and Ethics in Islam,” In *Contemporary Bioethics*, 2015. https://doi.org/10.1007/978-3-319-18428-9_2.

⁴²Thalia A. Arawi, “The Muslim Physician and the Ethics of Medicine,” *Journal of the Islamic Medical Association of North America* 42 (3), (2010): 111-116, doi: 10.5915/42-3-5403; Georgios Tzefarakos and Athanasios I. Douzenis, “Islam, Mental Health and Law: A General Overview,” *Annals of General Psychiatry* 16, 28 (2017), DOI 10.1186/s12991-017-0150-6 ; Al-Bar et al., “The Sources of Common Principles of Morality and Ethics in Islam.”

⁴³Syatibi, *Al-Muawafaqat Fi Ushul Al-Ahkam*.

criteria in this study will be followed up by contacting prospective respondents via WhatsApp. The researcher will distribute the questionnaire link through the google form containing the identity and the questionnaire containing the questions for this research.

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